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CONFIRMATION NO. 3794

Bib Data Sheet

SERIAL NUMBER 10/626,486	FILING OR 371(c) DATE 07/24/2003 RULE 1.47	CLASS 128	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. SRGLT.004RA
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APPLICANTS

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**** CONTINUING DATA *******

This application is a REI of 09/189,609 11/10/1998 PAT 6,263,879

**** FOREIGN APPLICATIONS *******

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

20995

TITLE

Treatment of presbyopia and other eye disorders using a scanning laser system

FILING FEE RECEIVED 520	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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